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PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	1992-A	F 3	
First Inventor	Jarko, et al.		
Title	LOAD DOLLY	S. S.	
Express Mail Label No.	EV032893327US	201	

APPLICATION ELEMENTS		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application				
See MPEP chapter 600 concerning utility patent application contents. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. CD-ROM or CD-R in duplicate, large table or				
2 [7] A	pplicant claims small entity status. ee 37 CFR 1.27.	Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
	pecification [Total Pages 17] referred arrangement set forth below)	a. Computer Readable Form (CRF)				
- - - - - - -	Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure	b. Specification Sequence Listing on: i.				
	Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.					
6. 🗸 A	pplication Data Sheet. See 37 CFR 1.76	17. Other:				
or in an Applic	18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Group / Art Unit					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
	19. CORRESPO	ONDENCE ADDRESS				
X Custo	omer Number or Bar Code Label 00002 (Insert Customer No. or At					
	Joseph A. Sebolt					
Name	Name Sand & Sebolt					
Aegis Tower, Suite 1100						
Address	4940 Munson St. NW					
City	Canton . ~ State	OH Zip Code 44718				
Country	USA Telephone	330-244-1174 Fax 330-244-1173				
Name	(Print/Type) Joseph A. Sebolt	Registration No. (Attorney/Agent) 35,352				
Signa		Date 2/1/02				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (XX-XX)

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FEE TRANSMITTAL		Complete if Known				
for FY 20		Application Number	Unknown			
101 F 1 20	102	Filing Date	Herewith			
		First Named Inventor	Jarko, et al.			
Patent fees are subject to annu	ual revision.	Examiner Name				
		Group Art Unit				
TOTAL AMOUNT OF PAYMENT	\$433.00	Attorney Docket No.	1992-A			

METHOD OF PAYMENT	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		DDIT			ES	
Deposit	Fee		Fee	Fee	Fee Description Fee	e Paid
Account Number 19-0083	Code 105	(\$) 130	Code 205	(\$) 65	Surcharge - late filing fee or oath	
Deposit Account Name	127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
Ol Additional Fee Descripted	139	130	139	130	Non - English specification	
Under 37 CFR §§ 1.16 and 1.17	147	2,520	147	2,520	For filing a request for ex parte reexamination	
Applicant claims small entity status. See 37 CFR § 1.27	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
2. Payment Enclosed:	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
Check Credit card Money Other	115	110	215	55	Extension for reply within first month	
FEE CALCULATION	116	400	216	200	Extension for reply within second month	
1. BASIC FILING FEE	117	920	217	460	Extension for reply within third month	
Large Entity Small Entity	118	1,440	218	720	Extension for reply within fourth month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	128	1,960	228	980	Extension for reply within fifth month	
101 740 201 370 Utility filing fee 370.00	119	320	219	160	Notice of Appeal	
106 330 206 165 Design filing fee	120	320	220	160	Filing a brief in support of an appeal	
107 510 207 255 Plant filing fee	121	280	221	140	Request for oral hearing	
108 740 208 370 Reissue filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
114 160 214 80 Provisional filing fee	140	110	240	55	Petition to revive - unavoidable	
SUBTOTAL (1) \$370.00	141	1,280	241	640	Petition to revive - unintentional	
2 EVIDA CLAIM FEEC	142	1,280	242	640	Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES Fee from	143	460	243	230	Design issue fee	
Extra Claims below Fee Paid Total Claims 27 -20** = 7 X 9.00 = 63.00	144	620	244		Plant issue fee	
Total Claims 27 -20** = 7 X 9.00 = 63.00 Independent 2 - 3** = 0 X = 0.00	122	130	122	130	Petitions to the Commissioner	
Claims Multiple Dependent	123	50	123		Processing fee under 37 CFR § 1.17(q)	
Large Entity Small Entity	126	180	126	180	Submission of Information Disclosure Statement	
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40		
103 18 203 9 Claims in excess of 20	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
109 84 209 42 ** Reissue independent claims	179	740	279	370	Request for Continued Examination (RCE)	
over original patent	169		169	900	Request for expedited examination	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Oth	er fee (specify)	of a design application	
SUBTOTAL (2) \$63.00						
**or number previously paid, if greater; For Reissues, see above	*Red	duced t	y Basic	c Filing	Fee Paid SUBTOTAL (3)	
SUBMITTED BY Complete (if applicable)						
Name (Print/Type) Joseph A. Sebolt		Registr (Attorne		0.	35,352 Telephone 330-244-1174	
Signature La - UMMA					Date 2/1/02	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

CERTIFICATE OF MA Applicant(s): Jarko, et al.	ILINGSY "EXPRESS	MAIL" (37 CFR 1.10)	Docket No. 1992-A		
Serial No. Unknown	Filing Date Herewith	Examiner	Group Art Unit		
nvention: LOAD DOLLY					
I hereby certify that the fol	lowing correspondence:				
IDS	e United States Postal Serv	of correspondence) ice "Express Mail Post Office to A	ddressee" service under		
37 CFR 1.10 in an envelo	pe addressed to: The Assista	ant Commissioner for Patents, Wa	shington, D.C. 20231 on		
The state of the s		Tiffany M. Godf (Typed or Printed Name of Person Mail) (Signature of Person Migiting Co.	ing Correspondence)		
		EV032893327US ("Express Mail" Mailing Label Number)			

CERTIFICATE OF I Applicant(s): Jarko, et a	MAILING Y "EXPRESS II.	MAIL" (37 CFR 1.10)	Docket No.		
Serial No. Unknown	Filing Date Herewith	Examiner	Group Art Unit		
Invention: LOAD DOLI	LY		062680		
	e following correspondence:	of Attauran Data Chart and For Si	11000		
į-i-	(Identify typ	r of Attorney, Data Sheet, and Fee Slee of correspondence) vice "Express Mail Post Office to Ac			
37 CFR 1.10 in an env 2/1/62 (Date	relope addressed to: The Assis	tant Commissioner for Patents, Was Tiffany M. Godfr	hington, D.C. 20231 on		
r that and the true that and the true that t		Tiffany M. Godfr (Typed or Printed Name of Person Mailin (Signature of Person Mailing Fort	Correspondence) respondence)		
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